

SENATE FILE 2312—LEGISLATIVE SUMMARY

BY COMMITTEE ON HUMAN RESOURCES. This Act relates to persons with mental health illnesses and substance-related disorders.

MENTAL HEALTH TRAINING — LAW ENFORCEMENT. The Act requires all law enforcement officers to complete a course on mental health at least once every four years and requires the Director of the Law Enforcement Academy, subject to the approval of the Iowa Law Enforcement Council, to adopt rules relating to mental health training for law enforcement officers, with input from mental health care providers and mental health care consumers. A law enforcement officer who has completed academy-approved mental health training within the 12-month period prior to July 1, 2012, will be considered to have met the first four-year mental health training requirement.

RESIDENTIAL CARE FACILITIES AND LICENSED NURSING FACILITIES — ADMITTANCE. The Act provides that a nursing facility or residential care facility is not required to admit an individual through court order, referral, or other means without the express prior approval of the administrator of the nursing or residential care facility.

EMERGENCY DETENTION AND HOSPITALIZATION — PERSONS WITH SUBSTANCE-RELATED DISORDERS AND MENTAL HEALTH ILLNESSES. The Act amends Iowa Code sections 125.91 and 229.22 relating to after-hours access to emergency detention and hospitalization procedures for an intoxicated person who has threatened, attempted, or inflicted physical self-harm or harm on another, and is likely to inflict physical self-harm or harm on another unless immediately detained, or who is incapacitated by a chemical substance; or for a seriously mentally impaired person. Under previous law, the immediate custody of such persons in an emergency situation was provided for only after an application for involuntary commitment or hospitalization had been filed, which was an option only during regular court hours. The Act amends the current emergency detention and hospitalization procedures available for such persons, which apply only when there is no immediate access to the district court, to allow access to emergency detention and treatment services at all times, even if an application for involuntary commitment or hospitalization has not been filed.

QUALIFIED MENTAL HEALTH PROFESSIONAL. The Act amends the definition of “mental health professional” in Iowa Code chapter 228 (Disclosure of Mental Health and Psychological Information), eliminates the definition of “qualified mental health professional” in Iowa Code chapter 229 (Hospitalization of Persons with Mental Illness), and adopts the new definition of “mental health professional” created in the Act for purposes of Iowa Code chapter 229.

PREAPPLICATION SCREENING ASSESSMENT. The Act provides that prior to filing an application for involuntary hospitalization pursuant to Iowa Code section 229.6, the Clerk of the District Court or the Clerk’s designee is required to inform the interested person referred to in Iowa Code section 229.6, subsection 1, about the option of requesting a preapplication screening assessment through a preapplication screening assessment program. The State Court Administrator is required to prescribe practices and procedures for implementation of the preapplication screening assessment program. Conforming changes are made to Iowa Code sections 229.6 and 602.1209.

MENTAL HEALTH ADVOCATE. The Act requires a mental health advocate to utilize the related best practices for the mental health advocate's duties, identified in Iowa Code section 229.19, developed and promulgated by the Judicial Council. A mental health advocate may be appointed by the appropriate appointing authority for an individual who has been diagnosed with a co-occurring mental illness and substance-related disorder.

CONTINUATION OF WORKGROUP BY JUDICIAL BRANCH AND DEPARTMENT OF HUMAN SERVICES — CONSOLIDATION OF SERVICES — PATIENT ADVOCATE. The Act requires the judicial branch and Department of Human Services to continue the workgroup implemented pursuant to 2010 Iowa Acts, and extended pursuant to 2011 Iowa Acts, to study and make recommendations relating to the consolidation of the processes for involuntary commitment for persons with substance-related disorders, for intellectual disability, and for serious mental illness.

The workgroup is expanded to include representatives from the Department of Public Health. The workgroup is required to study and make recommendations concerning the feasibility of establishing an independent statewide patient advocate program for qualified persons representing the interests of patients suffering from mental illness, intellectual disability, or a substance-related disorder and involuntarily committed by the court, and shall also include recommendations for a patient advocate representing the interests of patients found not guilty of a crime by reason of insanity. The workgroup shall also consider the implementation of consistent reimbursement standards for patient advocates and the role of the advocate for a person who has been diagnosed with a co-occurring mental illness and substance-related disorder. The workgroup is required to submit a report on the study and make recommendations to the Governor and the General Assembly by December 1, 2012.

COMPREHENSIVE JAIL DIVERSION PROGRAM — MENTAL HEALTH COURTS — STUDY. The Act directs the Division of Criminal and Juvenile Justice Planning of the Department of Human Rights to conduct a study regarding the possible establishment of a comprehensive statewide jail diversion program, including the establishment of mental health courts, for nonviolent criminal offenders who suffer from mental illness. The division shall solicit input from the Department of Human Services, the Department of Corrections, and other members of the criminal justice system including but not limited to judges, prosecutors, and defense counsel, and mental health treatment providers and consumers. The division shall establish the duties, scope, and membership of the study commission and shall also consider the feasibility of establishing a demonstration mental health court. The division shall submit a report on the study and make recommendations to the Governor and the General Assembly by December 1, 2012.